MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03808

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Whiteford; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS; MARYLAND

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Whiteford; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) A. (Last) Culp

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1949

5. SEX: F

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 4 1861

9. AGE last birthday: 87 yrs. If under 1 year: Months. 10 Days 4 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): York Co. Pa

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: Moses Osborne

14. MOTHER'S MAIDEN NAME: Eleanor Blaine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Charles Culp Kingsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

443 Immediate cause (a) Cerebral Hemorrhage — Interval Between Onset and Death: 5 days

930 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive C V Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1942, to April 5, 1949, that I last saw the deceased alive on April 2, 1949, and that death occurred at 5 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Josiah A. Hunt M.D. ADDRESS Delta Pa. DATE SIGNED April 9, 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE April 10/49 NAME OF CEMETERY OR CREMATORY Glatenville LOCATION (City, town, or county) Delta, (State) Pa.

DATE REC'D BY LOCAL REG. April 9, 1949 REGISTRAR'S SIGNATURE C. H. Kirk

24. FUNERAL DIRECTOR H. Harkins ADDRESS Delta, Pa

RECEIVED
APR 14 1949
BUREAU V. M.

Evidence for change of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03809

FILM No. G 120 APR 26 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford — STATE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air — LENGTH OF STAY (in this place) 3 yrs.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
HOSPITAL OR INSTITUTION OR STREET ADDRESS Walters Nursing Home near Bel Air, Md.	STREET ADDRESS (If rural give location) 317 Alliance

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Leatha	Jane	Dunn	April	17	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Female	White	Widow	Nov. 29, 1870	78 yrs.	4	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife		Mississipi	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joshua Owens	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No		Mrs. Harvey Lowe (Daughter) 317 Alliance, Havre de Grace

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Lobar Pneumonia	36 hours.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Cardiovascular disease.	?
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 4/14, 1949, to 4/17, 1949, that I last saw the deceased alive on April 17, 1949, and that death occurred at 11:45P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title)	ADDRESS	DATE SIGNED
Willard P. Hudson, M.D.	Forest Hill, Maryland.	April 18, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	4/20/49	Cooptown	Cooptown Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/19/49	Priscilla Forwood	Pennington & Son	Havre de Grace

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
APR 22 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03810

Reg. Dist. No. 18 Y

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen | LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) ALBERT (Last) GILES

4. DATE OF DEATH: (Month) April (Day) 24 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: May 17 1910

9. AGE last birthday: 38 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Day Laborer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isaac T. Giles

14. MOTHER'S MAIDEN NAME: Annie E. Thompson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): War II

16. SOCIAL SECURITY NO.: 215-03-6628

17. INFORMANT: Mrs. Annie E. Giles

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carbon Monoxide Poisoning — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

891.8
1788

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Probable alcoholic Intoxication

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: garage | (CITY OR TOWN): Aberdeen | (COUNTY): Harford | (STATE): Md.

TIME OF INJURY (Month) (Day) (Year) (Hour): April 24, 1949 approx 2 p.m. | INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Asphyxiation - While running motor to keep warm

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: J. H. Ramsey (Degree or title): M. D. ADDRESS: Aberdeen, Md. DATE SIGNED: April 24, 1949

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: Apr. 26, 1949 | NAME OF CEMETERY OR CREMATORY: Mt Calvary | LOCATION (City, town, or county): Near Aberdeen | (State): Md.

DATE REC'D BY LOCAL REG.: April 25-1949 | REGISTRAR'S SIGNATURE: Nellie F. Riley

24. FUNERAL DIRECTOR: Henry Taxing & Sons | ADDRESS: Aberdeen, Md

RECEIVED
APR 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03811

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
LENGTH OF STAY (in this place) 23 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Air
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Joshua (Middle) Stephson (Last) Gover

4. DATE OF DEATH (Month) Apr (Day) 30 (Year) 49

5. SEX Male
6. COLOR OR RACE C. Ol.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH 3-23-49
9. AGE last birthday 100 yrs. If under 1 year Months 1 Days 7 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lobster
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Black House Harford Md
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Jarrett Gover
14. MOTHER'S MAIDEN NAME Susan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO. —
17. INFORMANT Albert Gover

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

332 Immediate cause (a) CEREBRAL THROMBOSIS — INTERVAL BETWEEN ONSET AND DEATH: Sudden death

88 Antecedent cause(s) (b) Gen. Arterio-sclerosis — ?

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1942, to April 30 1949, that I last saw the deceased alive on April 14, 1949, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Willard P. Hudson, M.D. Forest Hill Md 5/1/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE May 3. 1949
NAME OF CEMETERY OR CREMATORY Pine Grove
LOCATION (City, town, or county) Shaw Harford (State) Md

DATE REC'D BY LOCAL REG. 5/2/49
REGISTRAR'S SIGNATURE Priscilla Fourwood
24. FUNERAL DIRECTOR Marty G Kirk ADDRESS Jarrettsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAY 5 1949
BUREAU V. S.

03812

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH:

County: Harford

City or town: Bel Air Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md County: Harford

City or town: Bel Air . Rural

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME John Walstrum Hornberger

3. (b) Social Security Number

4. Sex: male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Mrs Jno Hornberger

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 6 - 1868

8. AGE: Years 80 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace: Harford Co. Md (Town, county, and state)

10. Usual occupation: Retired moulder

11. Industry or business: Iron

FATHER 12. Name: Benjamin Hornberger

13. Birthplace

MOTHER 14. Maiden name: Mary E Walstrum

15. Birthplace

16. Informant: Mrs Jno Hornberger

Address: Bel Air Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr 30-1949 (month) (day) (year)

Cemetery or crematory: Most Holy Redeemer

Location: Bel Air Road + Moravia ave Balto

18. Funeral director: W H Archer

Address: Benson Md

19. 4/29 1949 P Fowood (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: April 27 1949 at 6:55 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1944 to April 1949 and that I last saw him alive on April 27 1949

	DURATION
Immediate cause of death: Cerebral Hemorrhage	2 hrs
Due to: Hypertensive C-V Disease	10 yrs
Due to: Arteriosclerotic C V Disease 443	10 yrs
Other conditions: Allergic Asthma 93d	3 yrs

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: J. Ralph Horley Md M. D. or other

Address: Churchville Md Date signed: April 27 49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
MAY 3 1949
BUREAU V. S.

04232

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. [illegible]

1. PLACE OF DEATH: COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rocks Rural
LENGTH OF STAY (in this place) 30yr.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Rocks COUNTY Har.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rocks
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): Dewey Lawrence Jones

4. DATE OF DEATH (Month) (Day) (Year): Apr. 30, 1949 19

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Feb. 20, 1906
9. AGE last birthday: 43 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Grayson Co. Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Andrew Jones
14. MOTHER'S MAIDEN NAME: Susan Powers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS: Mrs. Emma Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage

443 Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vascular disease with

93d (c) Hypertension (decompensated)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 10, 1948, to Apr. 30, 1949, that I last saw the deceased alive on Sept. 10, 1948, and that death occurred at 1 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Willard P. Hudson, M.D Forest Hill, Md 11/22/49

23. BURIAL, CREMATION REMOVAL (Specify): Bural
DATE: May 2, 1949
NAME OF CEMETERY OR CREMATORY: Baptist View
LOCATION (City, town, or county) (State): Nr. First Hill, Md.

DATE REC'D BY LOCAL REG.: 11-30-49
REGISTRAR'S SIGNATURE: Miss Priscilla Forwood
24. FUNERAL DIRECTOR: Martin G. Kurtz
ADDRESS

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
NOV 30 1949
BUREAU V. S.

Evidence for correction of age and birth date is on: FILM No. G 120 MAY 13 1949

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

03813

Reg. Dist. No. 185

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN HAVRE de GRACE
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS HARFORD MEMORIAL HOSP HAVRE de GRACE, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Baltimore
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN ESSEX
STREET ADDRESS (If rural, give location) 307 CANDRY TERRACE

3. NAME OF DECEASED (Type or Print) (First) WALTER (Middle) J (Last) LAWSON
4. DATE OF DEATH (Month) April (Day) 29 (Year) 1949
5. SEX MALE
6. COLOR OR RACE WHITE
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH 6/16/1892
9. AGE last birthday 56 57 yrs. If under 1 year Months 10 Days 13 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Airplane Inspector
10b. KIND OF BUSINESS OR INDUSTRY Glen Martin
11. BIRTHPLACE (State or foreign country) New York City
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Walter Wm. Lawson
14. MOTHER'S MAIDEN NAME Emma Ellis
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Alexander T. Haney 25 N. Ellen Ave. Aldan Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) MASSIVE HEMOTHORAX

825.5 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) CRUSHING INJURY - LEFT CHEST

170C (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. PROBABLE ABDOMINAL HEMORRHAGE

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) ROAD (CITY OR TOWN) MAGNOLIA (COUNTY) HARFORD (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) APRIL 29 1949 6:15 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? AUTO ACCIDENT

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE J H Ramsey (Degree or title) M. D. ADDRESS Aberdeen, Md. DATE SIGNED April 29, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 5/8/49
NAME OF CEMETERY OR CREMATORY Meadow Ridge
LOCATION (City, town, or county) Near Baltimore (State) Md.
DATE REC'D BY LOCAL REG. May 2-49
REGISTRAR'S SIGNATURE A. L. Lewis M.D.
24. FUNERAL DIRECTOR Pennington & Son ADDRESS Havre de Grace, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
MAY 6 1949
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

113814

Reg. Dist. No. 180

MARGIN RESERVED FOR BINDING — PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Harford County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Long Bar Harbor | LENGTH OF STAY (In this place) 25 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Abingdon
STREET ADDRESS (If rural, give location) Long Bar Harbor

3. NAME OF DECEASED (Type or Print): (First) William (Middle) B (Last) Longley
4. DATE OF DEATH: (Month) April (Day) 23 (Year) 1949
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify)
8. DATE OF BIRTH: 29 Jan 1891
9. AGE last birthday: 58 yrs. | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Farmer Real Estate Opr
11. BIRTHPLACE (State or foreign country): Baltimore MD
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: William M. Longley
14. MOTHER'S MAIDEN NAME: Alice Correll
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT: Alice A. Longley, Edgewood R.D. Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH | INTERVAL BETWEEN ONSET AND DEATH

9173 Immediate cause (a) Carbon Monoxide Asphyxia

163M Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Car | Near (CITY OR TOWN) Long Bar Harbor (COUNTY) Harford (STATE) Md.

TIME OF INJURY (Month) April (Day) 23 (Year) 1949 (Hour) m. | INJURY OCCURRED While at work ☐ Not while at work ☒ | HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE J. H. Ramsey (Degree or title) M. D ADDRESS Aberdeen, Md DATE SIGNED April 25, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF Apr. 28, 1949 | NAME OF CEMETERY OR CREMATORY Lorraine Park | LOCATION (City, town, or county) Baltimore (State) Md

DATE REC'D BY LOCAL REG. Apr. 28, 1949 | REGISTRAR'S SIGNATURE Marie M. Monlodale | 24. FUNERAL DIRECTOR Howard K. McComas & Son | ADDRESS Abingdon Md

RECEIVED
MAY 2 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Bl Reg. Dist. No. 13815 / 80

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood Aranel | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Lego's Point (near)

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Md~~ Baltimore COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland
STREET ADDRESS (If rural, give location) 318 E 21st St. ✓

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FRED	LEROY	MOON	APRIL	24	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	Married	7/25/27	21 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Boyd Moon	Elizabeth Logan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
yes	216-22-6210	Mrs Ruth Moon, 318 E 21st Balto

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Drowning	
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

850.8
193

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	NEAR (CITY OR TOWN)	(COUNTY)	(STATE)
	CHESAPEAKE BAY	EDGEWOOD	HARFORD	Md.

TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
APRIL 24 1949 — m.		BOAT CAPSIZED

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
J. H. Lamsey	M.D.	Aberdeen, Md	May 21, 1949

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	May 24, 1949	Oakland	Oakland	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
May 23 1949	Mame M. Monsdale	H. C. Leighton	Oakland Md

RECEIVED
MAY 25 1949
BUREAU V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03816

CERTIFICATE OF DEATH

Reg. Dist. No. 182

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestnut Hill Rural — LENGTH OF STAY (in this place) 22 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestnut Hill
STREET ADDRESS (If rural give location) Rural

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Roscoe	Porter	April	1	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W	M	Oct 30 1884	64 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10b. KIND OF BUSINESS OR INDUSTRY: Farmer
11. BIRTHPLACE (State or foreign country): Va
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Porter
14. MOTHER'S MAIDEN NAME: Sarah Vaughn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Annie P Porter

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

331 Immediate cause (a) Cerebral Hemorrhage — 6 hours

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) Hypertention
(c) Arterio Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
✓	✓	Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from April 1st 1949 to April 1 1949 that I last saw the deceased alive on April 1st 1949, and that death occurred at 7.15 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): F. P. Snodgrass — ADDRESS: Darlington. Md. — DATE SIGNED: 4/2/49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	April 4 49	Deer Creek ME	Chestnut Hill Harford Co Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
4/3/49	Priscilla Forwood	Joseph T Foster	Bel Air Md

VS. A15

RECEIVED
APR 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03817

CERTIFICATE OF DEATH

Reg. Dist. No. 182

1. PLACE OF DEATH
COUNTY Harford MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Dublin, Rural | LENGTH OF STAY (In this place) 7 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Street, Md. Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Louise (Last) Schaper

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1949

5. SEX: Female | 6. COLOR OR RACE: white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed | 8. DATE OF BIRTH: March 7-1860 | 9. AGE last birthday: 89 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife | 10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Rock Hall, Kent Co. Md | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: — Hyman | 14. MOTHER'S MAIDEN NAME: Hutchinson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mrs. Chester McLaughlin

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Hypertensive cerebrovascular disease	1 yr.
Antecedent cause(s)	(b)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

334
102

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 1, 1948, to April 9, 1949, that I last saw the deceased alive on March 10, 1949, and that death occurred at 12 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles C. Neff, M.D. Street, Md. 4-11-49

23. BURIAL, CREMATION REMOVAL (Specify): Burial | DATE: Apr. 5, 1949 | NAME OF CEMETERY OR CREMATORY: Asterville cemetery | LOCATION (City, town, or county): Delta, (State): Pa.

DATE REC'D BY LOCAL REG. April 4 1949 | REGISTRAR'S SIGNATURE: C. W. Kirk | 24. FUNERAL DIRECTOR: Hubert P. Hankins | ADDRESS: Delta, Pa.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 14 1949
BUREAU V. S.

03818

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 180

1. PLACE OF DEATH: COUNTY HARFORD MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN EDGEWOOD
LENGTH OF STAY (in this place) 10 YRS
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE ~~Edgewood~~ Md COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Edgewood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) RUTH (Middle) (Last) SCHUERMEYER
4. DATE OF DEATH (Month) APRIL (Day) 2 (Year) 1949

5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) M
8. DATE OF BIRTH MAY 11, 1886
9. AGE last birthday 62 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY Housewife
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ferdinand Schuermeyer
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT John H. Schuermeyer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) CORONARY OCCLUSION	1/2 HOUR
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4/2, 1949, to 4/2, 1949, that I last saw the deceased alive on 4/2, 1949, and that death occurred at 2:00 A m., from the causes and on the date stated above.

SIGNATURE C. W. Stewart Jr., M.D. (Degree or title) ADDRESS EDGEWOOD, MD. DATE SIGNED 4/2/49

23. BURIAL, CREMATION REMOVAL (Specify) Removal
DATE THEREOF Apr. 4, 1949
NAME OF CEMETERY OR CREMATORY Hermann Funeral Home
LOCATION (City, town, or county) St. Louis, Mo. (State)

DATE REC'D BY LOCAL REG. 4/4/49
REGISTRAR'S SIGNATURE Marie M. Mouldale
21. FUNERAL DIRECTOR Howard R. McCormack Son ADDRESS Abingdon, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 6 1949
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 03819 81

1. PLACE OF DEATH
COUNTY HARFORD. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen Proving Ground
LENGTH OF STAY (in this place) 15 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Station Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) 215 Ryland Drive

3. NAME OF DECEASED (Type or Print) (First) Simpson (Middle) Johnathan (Last) David (Infant Male)

4. DATE OF DEATH (Month) April (Day) 29 (Year) 1949

5. SEX M. 6. COLOR OR RACE W. 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) 8. DATE OF BIRTH 29 April 49 9. AGE last birthday yrs. If under 1 year Months Days If under 24 hrs. Hours Min. 15 hrs

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Aberdeen Proving Ground
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Emory Simpson
14. MOTHER'S MAIDEN NAME Margaret Jewell Vawter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY No. —
17. INFORMANT R. Blank.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5 Immediate cause (a) Prematurity

159 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Atelectasis

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mother - Eclampsia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 08 10 a.m. 29 April 49, to 5 15 P.M. 29 April 49, that I last saw the deceased alive on 5 10 P.M. 29 April 49 and that death occurred at 5 15 P.M., from the causes and on the date stated above.

SIGNATURE Reuben Blank (Capt. M.C.) M.D. (Degree or title) ADDRESS DATE SIGNED 29 April

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF May 2 - 1949
NAME OF CEMETERY OR CREMATORY Bekses
LOCATION (City, town, or county) Aberdeen (State) Md

DATE REC'D BY LOCAL REG. May 2 - 1949
REGISTRAR'S SIGNATURE Nellie H. Riley
24. FUNERAL DIRECTOR Henry Tanning Sons ADDRESS Aberdeen Md

VS. A15

RECEIVED
MAY 5 1949
BUREAU V. S.

EVIDENCE FOR CHANGE OF SPELLING OF SURNAME ISON:

FILM No. G 12 C MAY 2 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

03820

Reg. Dist. No. 182

1. PLACE OF DEATH: COUNTY Harford; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bel Fallston; LENGTH OF STAY (in this place) 2 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Harford; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Fallston RD #; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Grace (Middle) Elizabeth (Last) Duryea Irving

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: May 12 1870

9. AGE last birthday: 78 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Glen Cove L.I. NY

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edgar E Duryea

14. MOTHER'S MAIDEN NAME: Julia Augusta Carpenter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT: Bradnax Cameron

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Arteriosclerotic CV disease — Interval Between Onset and Death: 4 years

422.1

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemiplegia (right) — 4 years

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/4, 1947, to April 19, 1949, that I last saw the deceased alive on April 19, 1949, and that death occurred at 1 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Gerald C Palmer M.D. ADDRESS: Bel Air, Md. DATE SIGNED: 4/20/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial DATE: 4/22/49 NAME OF CEMETERY OR CREMATORY: St Mary's LOCATION (City, town, or county) (State): Emmorton Harford Co Md

DATE REC'D BY LOCAL REG. 4/21/49 REGISTRAR'S SIGNATURE: Priscilla Foxwood

24. FUNERAL DIRECTOR: Jos. J Foster ADDRESS: Bel Air Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct spelling is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 26 1949
BUREAU V. S.

03821

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Havre de Grace — Harford Co. — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace
LENGTH OF STAY (In this place) 35 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 311 N. Stokes St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace, Md.
STREET ADDRESS (If rural, give location) 311 N. Stokes St

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Matilda (Last) Stelt
4. DATE OF DEATH: (Month) Apr. (Day) 26. (Year) 1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Divorced	Jan. 6 1870	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Duties
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Harford Co. Md.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Martin Van Gilbert
14. MOTHER'S MAIDEN NAME: Clemency Hughes

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If year, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Walter M. Larimus

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
420.1 Immediate cause	(a) Acute Pulmonary Oedema	1 day -
93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary occlusion -	2 days.
	(c) Chronic Myocarditis -	10 Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:
(CITY OR TOWN) (COUNTY) (STATE):
TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1940, to April 26, 1949, that I last saw the deceased alive on April 26, 1949, and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE: Jno Wallace (Degree or title) M.D. ADDRESS Havre de Grace Md. DATE SIGNED April 28.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Apr. 29 '49	Angel Hill	Havre de Grace	Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Apr. 29-49	A. L. Lewis Jr. D.	R. Madison Mitchell	Havre de Grace Md.

RECEIVED
MAY 3 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

013822

Reg. Dist. No. 185-

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Havre de Grace | LENGTH OF STAY (in this place) 2 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Harford Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Aberdeen
STREET ADDRESS (If rural, give location) RD

3. NAME OF DECEASED (Type or Print): (First) Myrtle (Middle) (Last) Trago
4. DATE OF DEATH: (Month) April (Day) 29 (Year) 1949
5. SEX F
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 16, 1898
9. AGE last birthday 50 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John R. Denbow.
14. MOTHER'S MAIDEN NAME Emma Rodgers.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mr. Carvel L. Trago

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

204.1
740

Immediate cause (a) Acute myelogenous leukemia — 20 mo.

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 27 April, 1949, to 29 April, 1949, that I last saw the deceased alive on 29 April, 1949, and that death occurred at 8:50 A.m., from the causes and on the date stated above.

SIGNATURE R B Norment M.D. (Degree or title) ADDRESS Havre de Grace DATE SIGNED 29 April 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial | DATE THEREOF May 1st 1949 | NAME OF CEMETERY OR CREMATORY Baker Cemetery | LOCATION (City, town, or county) Aberdeen (State) Md.

DATE REC'D BY LOCAL REG Apr. 30-49 | REGISTRAR'S SIGNATURE A. L. Lewis M.D. | 24. FUNERAL DIRECTOR Henry Herring Sons ADDRESS Aberdeen, Md

RECEIVED
MAY 3 1949
BUREAU V. S.

Evidence for change of birth date is on:

FILM No. G 120 MAY 27 1949

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03823

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH- COUNTY Harford MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED- STATE Maryland COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Fallston	LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Fallston
	STREET ADDRESS (If rural give location) near Lancasters' Corner

3. NAME OF DECEASED (Type or Print)	(First) Lillie	(Middle) A	(Last) Watters	4. DATE OF DEATH	(Month) April	(Day) 21	(Year) 1949
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) married	8. DATE OF BIRTH 4/~~21~~ 28/~~49~~ 1865	9. AGE last birthday 84 yrs.	If under 1 year Months 0	Days 1	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)			12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Louis Spamer			14. MOTHER'S MAIDEN NAME Julia Martin				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mr. Walter Waters - husband				

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocardial disease	?
422.2 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ---	
	(c) ---	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/19, 1949, to 4/20, 1949, that I last saw the deceased alive on 4/20, 1949, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Willard P. Hudson	M.D	Forest Hill, Md.	April 21, 1949

23. BURIAL, CREMATION REMOVAL (Specify) burial	DATE 4/23/49	NAME OF CEMETERY OR CREMATORY Spamer Family Br.Grds.	LOCATION (City, town, or county) (State) Harford Co., Md.
DATE REC'D BY LOCAL REG. 4/22/49	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR Lassahn Funeral Home	ADDRESS 7401 Belair Rd.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

03824

CERTIFICATE OF DEATH

Reg. Dist. No. 185

1. PLACE OF DEATH — COUNTY: Harford — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace — LENGTH OF STAY (in this place): Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 847 Erie St.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural give location): 847 Erie St.

3. NAME OF DECEASED (Type or Print) (First): Annie (Middle): G. (Last): Wilmore

4. DATE OF DEATH (Month): Apr. (Day): 24 (Year): 1949

5. SEX: Female
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Mch. 19, 1871
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John W. Williams
14. MOTHER'S MAIDEN NAME: Susie Ann Kenly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mr. Willis Wilmore

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

443 Immediate cause (a) Congestive Heart Failure — 2 days

Antecedent cause(s)

93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Heart Disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 23, 1949, to April 24, 1949, that I last saw the deceased alive on April 24, 1949, and that death occurred at 1:00 P.m., from the causes and on the date stated above.

SIGNATURE: L. D. Folse (Degree or title): M D — ADDRESS: Havre de Grace — DATE SIGNED: April 25, 1949

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: Apr. 27, 1949 — NAME OF CEMETERY ~~OR CREMATORY~~: Union M. E. — LOCATION (City, town, or county): Near Aberdeen (State): Md

DATE REC'D BY LOCAL REG.: Apr. 25-49 — REGISTRAR'S SIGNATURE: G. L. Lewis M. D. — 24. FUNERAL DIRECTOR: Henry Tarring & Sons — ADDRESS: Aberdeen, Md

RECEIVED
APR 28 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03825

Reg. Dist. No. 180

1. PLACE OF DEATH:

County: HARFORD

City or town: EDGEWOOD
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? LIFE

Hospital, Institution, or street address where death occurred:

How long in hospital or Institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Harford

City or town: Edgewood
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: WILLIAM LEE WISE, JR.

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	C	S

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Mar. 8, 1949

8. AGE: Years | Months | Days: 27 | If less than one day: ..... hrs. ..... min.

9. Birthplace: Havre de Grace, Harford, Md
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER — 12. Name: William Wise

13. Birthplace: North Carolina

MOTHER — 14. Maiden name: Carlene Culpepper

15. Birthplace: miss.

16. Informant: William L Wise

Address: 628 N. Bond, Baltimore

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Apr 12, 1949 (month) (day) (year)

Cemetery or crematory: Magnolia Methodist

Location: Magnolia Md

18. Funeral director: Howard E. McComas & Son

Address: Aberdeen Md

19. Apr. 12 1949 (Date rec'd by registrar) Mame M. Monksdale Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 4/11 1949, at 12 N

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 4/11 1949, to 4/11 1949

D.O.A.

and that I last saw h... alive on ..... 19—

Immediate cause of death	DURATION
UNKNOWN	UNKNOWN
PROBABLY ASPIRATION OF MUCOUS OR VOMITUS	
Due to	
Due to	
922.0	
Other conditions	
195.d	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) Harf. (County) Md. (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work? No

23. SIGNATURE: C. W. Stewart, Jr. M.D. (M. D. or other)

Address: EDGEWOOD, MD. Date signed: 4/11/49

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
APR 16 1949
BUREAU V. S.